



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

October 4, 2006

Lynne Huyck, Administrator  
Huckleberry Retirement Homes IV  
135 N Baldy Mtn Rd  
Sandpoint, ID 83864

FILE COPY

License #: RC-668

Dear Ms. Huyck:

On August 24, 2006, a survey was conducted at Huckleberry Retirement Homes LLC- IV. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

*Karen McDannel For*

DEBBIE SHOLLEY, LSW  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

DS/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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September 8, 2006

FILE COPY

Lynne Huyck, Administrator  
Huckleberry Retirement Homes LLC - IV  
135 North Baldy Mountain Road  
Sandpoint, ID 83864

Dear Ms. Huyck:

On August 24, 2006, a standard health care survey was conducted at Huckleberry Retirement Homes LLC - IV. The facility was found to be providing safe and effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 23, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Care Assisted Living Program

JS/sm

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R668</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/24/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUCKLEBERRY RETIREMENT HOMES LLC - I</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1315 HEMLOCK COURT SANDPOINT, ID 83864</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey conducted on August 24th, 2006. The surveyors conducting the standard survey were:</p> <p>Debbie Sholly, LSW. Team Leader Health Facility Surveyor</p> <p>Patrick Hendrickson, RN. Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Huck &amp; Leberry Retirement Homes LLC</i>	Physical Address <i>1513 Hemlock Court</i>	Phone Number <i>255-5999</i>
Administrator <i>Lynne Huyck</i>	City <i>Sandpoint</i>	ZIP Code <i>83864</i>
Survey Team Leader <i>Debbie Sholley</i>	Survey Type <i>Standard</i>	Survey Date <i>8/24/06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.250.14	The facility did not assure a secure environment was maintained both inside & outside for residents with cognitive impairments #1, 2 & random resident.	
2.	16.03.22.260.04.1	The facility did not assure all toxic chemicals were stored under lock & key	
3.	16.03.22.310.01.A	The facility did not assure all medications were kept in a locked box or room. (Insulin)	8/24/06
4	16.03.22.450	The facility did not meet the standards of the IDAHO Food Code.	8/24/06
5	16.03.22.710.05	The facility did not assure the resident's record contained a physician's order for all prescribed treatments #3	
6	16.03.22.711.08	The facility did not assure resident care notes included delegated duties regarding treatments. #3	

Response Required Date <i>9/24/06</i>	Signature of Facility Representative <i>Lynne Huyck</i>
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